BLDR-2023-33021

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 3076660

SEPTIC: IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN # 4762-30-9410

APPLICANT/OWNER: Arrow Development LLC APPLICANT ADDRESS: 1514 Mecklenburg Hwy #512 Mt Moore NC 28123

SITE ADDRESS: 173 Mountain Island Drive Statesville NC PHONE: 817-818 4000 ALT. PHONE

SITE DIRECTIONS: Estwart Annts Ct on Bethesda Rd to Northlake SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: NORTH LAKE ✓ SECTION: 3 ✓ LOT # 55 ✓ LOT AREA: .54 Acres DESIGN FLOW: 480 L.T.A.R.: .30

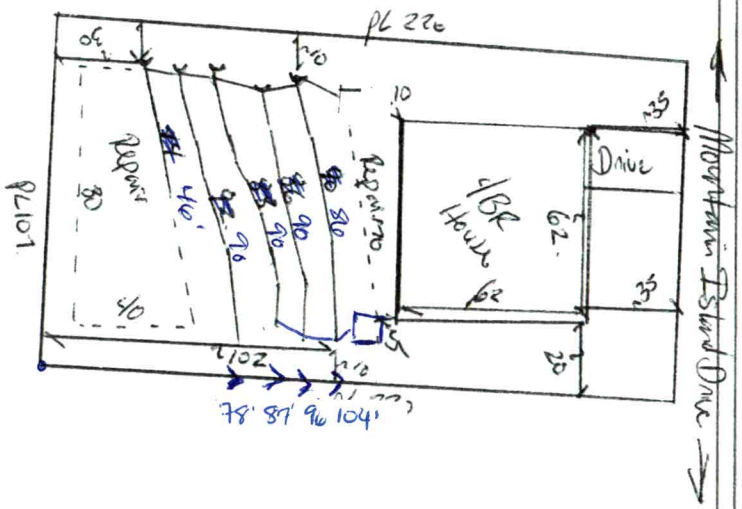
Septic Tank	1000	(gal)	STB 760	Date	9/20/23	☒ New System	☐ Repair	☐ Expansion	System Type: I II (III) IV V VI	☒ Residence	No. Bedrooms 4
Pump Tank	-	(gal)	PT -	Date	-	System Description:	Gravity 25% Reduction			☐ Business	No. Persons 8
Pump Make	-	Model	-	Serial #	-	Repair System Description:	LPP-Pmil 50% Reduction			☐ Other	No. Employees
# Nitrification Fields	1	# Lines	5	Linear Ft	400	Maintenance Agreement Required:	☐ YES	☒ NO		☒ Slab	☐ Crawl Space
Trench Width		Trench Bottom Depth(Low side)	33	Gravel Depth			☒ GRAVITY	☐ PRESSURE		☐ Basement w/plumbing	☐ Basement w/o plumbing

Water Supply: ☐ Private ☒ Public ☐ Community

Comments / Conditions: Install on the contour of the land and utilize serial distribution. Do not exceed max depth of 36 inches Do not Drive, park, park, grade or lay utilities in drainfield Area.

★ Record Property Prior to A/C ★
7-31-2023 · Floorplan 2 of 3BR-4BR Septic must be installed.

INITIAL SITE SKETCH



AS BUILT SKETCH

FOR SEPTIC FINAL INSPECTION CALL: 704-664-3703 between 8am-9am the day the inspection is needed. Be sure to speak with an inspector to confirm your time.

Permit can be suspended or revoked if any false information is supplied toward securing the permit / any unauthorized changes are made to the site / any unauthorized changes are made in the installation of the system. **CONTACT A LOCATOR SERVICE PRIOR TO ANY EXCAVATION**

☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 7-30-23 Installed by: Precision Excavation

IMPROVEMENT PERMIT by: Date: 7-31-2023 OPERATION PERMIT by: D. Wiebey Date: 11-09-23

AUTHORIZATION TO CONSTRUCT by: Date: 7-31-2023 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed

ICHD - ENVIRONMENTAL HEALTH DIVISION

Statesville Office (704) 878-5305 Mooresville Office (704) 660-3625 PERMIT # 307666.0

SEPTIC: IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM

PIN #

APPLICANT/OWNER: Arrow Development LLC APPLICANT ADDRESS: 1519 Mecklenburg Hwy #512 Mt Mourne NC 28123

SITE ADDRESS: 173 Mountain Island Drive Statesville NC PHONE: 817-318 4000 ALT. PHONE

SITE DIRECTIONS: Ostwalt Amity Rd on Bethesda Rd to Northlake SAP CONTROLLED: ☐ YES ☒ NO

SUBDIVISION: Northlake SECTION: 3 LOT # 55 LOT AREA: .54 Acres DESIGN FLOW: 480 L.T.A.R.: .30

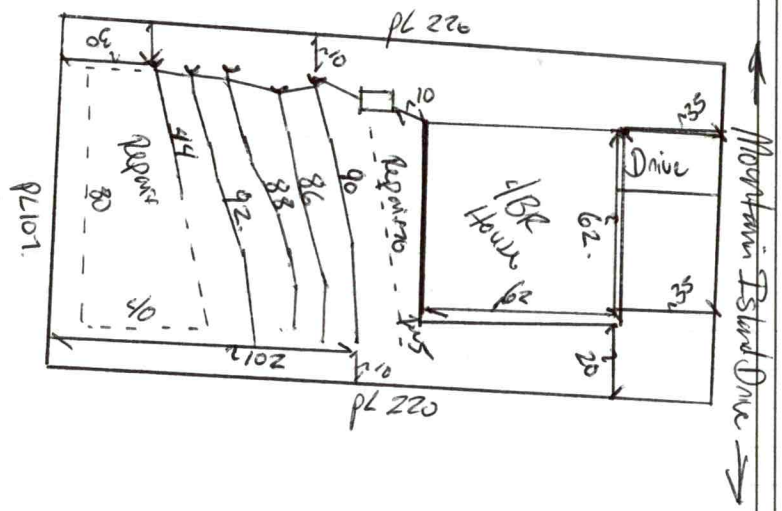
Septic Tank	1000	(gal)	STB		Date		☒ New System	☐ Repair	☐ Expansion	System Type: I II III IV V VI	
Pump Tank	-	(gal)	PT	-	Date	-	System Description:	Gravity 25% Reduction			
Pump Make	-	Model		-	Serial #	-	Repair System Description:	LP- Panel 50% Reduction			
# Nitrification Fields	1	# Lines	5		Linear Ft	400	Maintenance Agreement Required:	☐ YES	☒ NO		
Trench Width		Trench Bottom Depth(Low side)		33	Gravel Depth			☒ GRAVITY	☐ PRESSURE		

☒ Residence	No. Bedrooms	4	**Water Supply**
☐ Business	No. Persons	8	☐ Private
☐ Other	No. Employees		☒ Public
☒ Slab	☐ Crawl Space		☐ Community
☐ Basement w/plumbing			☐ Basement w/o plumbing

Comments / Conditions: Install on the contour of the land and utilize serial distribution. Do not exceed max depth of 36 inches. Do not Drive, park, pave, grade of bury utilities in drainfield Area.

★Record Property Prior to A/C★
7-31-2023 - Floorplans for 3BR-4BR Septic must be installed.

INITIAL SITE SKETCH



AS BUILT SKETCH

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☐ **IMPROVEMENT PERMIT** *with plat valid without expiration.* ☒ **IMPROVEMENT PERMIT** *with site plan valid for 60 mos.* ☒ **AUTHORIZATION TO CONSTRUCT** *valid for period equal to IMPROVEMENT PERMIT--not to exceed 60 mo.*

Owner / Applicant Signature: Date: 7-30-20 Installed by:

IMPROVEMENT PERMIT by: Date: 7-[illegible]-2020 OPERATION PERMIT by: Date:

AUTHORIZATION TO CONSTRUCT by: Date: 7-31-2023 Existing System Inspected by: Date:

FOR SEPTIC FINAL INSPECTION: CALL 704-664-3703 between 8am-9am the day the inspection is needed.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH, ENVIRONMENTAL HEALTH SECTION
ON-SITE WATER PROTECTION BRANCH

Sheet 1 of 1
PROPERTY ID #:
COUNTY: Iredell

SOIL/SITE EVALUATION
***for* ON-SITE WASTEWATER SYSTEM**
(Complete all fields in full)

OWNER: Arrow Development
ADDRESS: 1519 Mundy Mill Rd #512 Mt Moore NC 28123
PROPOSED FACILITY: 4 BR House
PROPOSED DESIGN FLOW (.1949): 480
LOCATION OF SITE: 173 Mountain Island Drive. Lot 55 Northlake
APPLICATION DATE: 5-19-2020
DATE EVALUATED: June 2020
PROPERTY SIZE: 0.5+ Acres
PROPERTY RECORDED: No.
WATER SUPPLY: ☑ Private ☐ Public ☐ Well ☐ Spring ☐ Other
EVALUATION METHOD: ☐ Auger Boring ☑ Pit ☐ Cut
TYPE OF WASTEWATER: ☑ Sewage ☐ Industrial Process ☐ Mixed

PROFILE #	.1940 LANDSCAPE POSITION/ SLOPE %	HORIZON DEPTH (IN.)	SOIL MORPHOLOGY (.1941) .1941 STRUCTURE/ TEXTURE	.1941 CONSISTENCE/ MINERALOGY	OTHER PROFILE FACTORS .1942 SOIL WETNESS/ COLOR	.1943 SOIL DEPTH	.1956 SAPRO CLASS	.1944 RESTR HORIZ	PROFILE CLASS & LTAR
1	Side 5-8%	0-26	C SBK	SS SP FR SEXP	2.5YR 4/6	58	—	Some Mn	PS ~~.40~~ .30
		26-58	CL WSBK	SS SP FR J					
2	LS 5-8%	0-28	C SBK	SS SP FR SEXP J	2.5YR 4/6	54	✓		PS .30
		28-54	CL WSBK	SS SP FR J					
3	Side 5-8%	0-28	C SBK	SS SP FR SEXP.	2.5YR 4/6	52	✓	Some 10YR 6/6 Mottles Few Mottles	PS ~~.275~~ Tight CL
		28-52	CL WSBK	SS SP FR SEXP.					
4	Side 5-8%	0-32	C SBK	SS SP FR SEXP	2.5YR 4/6	51	✓		PS .30
		32-51	CL WSBK	SS SP FR J					
		51-56	LSAP M	White Mottles NSMPU FR					

DESCRIPTION	INITIAL SYSTEM	REPAIR SYSTEM
Available Space (.1945)	25% Red	50% Red.
System Type(s)	1200 C.F.	2400 C.F.
Site LTAR	.30	.275

OTHER FACTORS (.1946): Not Recommended.
SITE CLASSIFICATION (.1948): PS
EVALUATED BY: Barbara R. Abernathy
OTHER(S) PRESENT:

COMMENTS:

Updated February 2014

LEGEND

use the following standard abbreviations

LANDSCAPE POSITION	GROUP	SOIL TEXTURE	CONVENTIONAL .1955 LTAR*	LPP .1957 LTAR*	MINERALOGY/ CONSISTENCE	STRUCTURE
CC (Concave Slope)	I	S (Sand)	1.2 - 0.8	0.6 - 0.4	SEXP (Slightly Expansive)	G (Single Grain)
CV (Convex Slope)		LS (Loamy Sand)			EXP (Expansive)	M (Massive)
D (Drainage Way)						CR (Crumb)
DS (Debris Slump)	II	SL (Sandy Loam)	0.8 - 0.6	0.4 - 0.3		GR (Granular)
FP (Flood Plain)		L (Loam)				SBK (Subangular Blocky)
FS (Foot Slope)						ABK (Angular Blocky)
H (Head Slope)	III	Si (Silt)	0.6 - 0.3	0.3 - 0.15		PL (Platy)
L (Linear Slope)		SiCL (Silty Clay Loam)				PR (Prismatic)
N (Nose Slope)		CL (Clay Loam)				
R (Ridge)		SCL (Sandy Clay Loam)			**MOIST**	**WET**
S (Shoulder Slope)		SiL (Silt Loam)				
T (Terrace)					VFR (Very Friable)	NS (Non-sticky)
	IV	SC (Sandy Clay)	0.4 - 0.1	0.2 - 0.05	FR (Friable)	SS (Slightly Sticky)
		SiC (Silty Clay)			FI (Firm)	S (Sticky)
		C (Clay)			VFI (Very Firm v. Very Sticky)	VS (Very Sticky)
		O (Organic)	None	None	EFI (Extremely Firm)	NP (Non-plastic)
						SP (Slightly Plastic)
						P (Plastic)
						VP (Very Plastic)

*Adjust LTAR due to depth, consistence, structure, soil wetness, landscape, position, wastewater flow and quality.

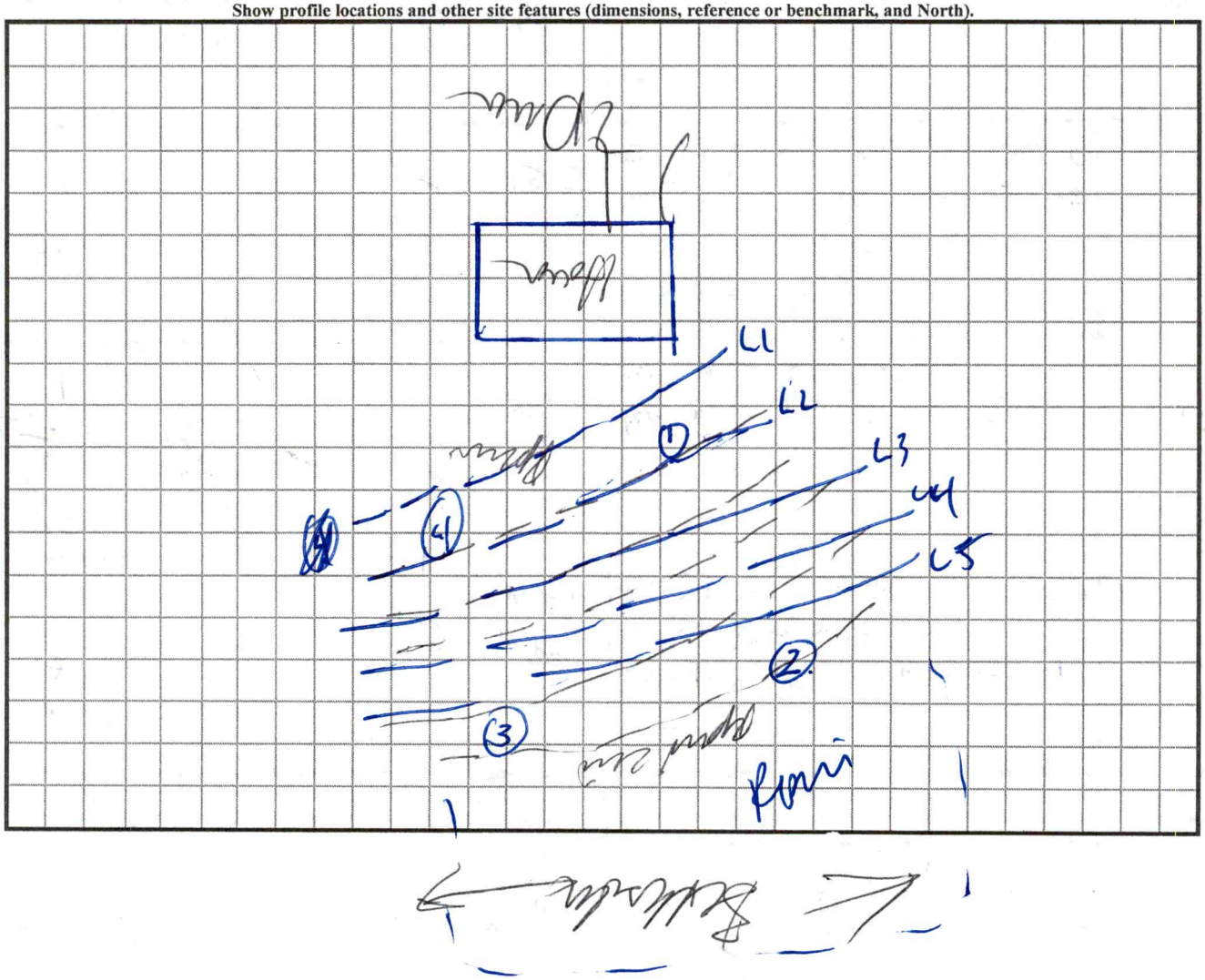
NOTES

HORIZON DEPTH	In inches below natural soil surface
DEPTH OF FILL	In inches from land surface
RESTRICTIVE HORIZON	Thickness and depth from land surface
SAPROLITE	S(suitable) or U(unsuitable)
SOIL WETNESS	Inches from land surface to free water or inches from land surface to soil colors with chroma 2 or less - record Munsell color chip designation
CLASSIFICATION	S (Suitable), PS (Provisionally Suitable), or U (Unsuitable)

Evaluation of saprolite shall be by pits.

Long-term Acceptance Rate (LTAR): gal/day/ft^2

Show profile locations and other site features (dimensions, reference or benchmark, and North).



RECEIVED JUN 03 2020

AP-307666
$500.00

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*

(THE ABOVE PERMIT DOCUMENTS WILL BECOME INVALID IF INFORMATION PROVIDED ON THIS APPLICATION IS FALSIFIED OR CHANGED, OR IF THE SITE IS ALTERED. THE IMPROVEMENT PERMIT IS VALID FOR EITHER 60 MONTHS OR WITHOUT EXPIRATION DEPENDING UPON DOCUMENTATION SUBMITTED - APPLICATION WITH SITE PLAN 60 MONTHS, APPLICATION WITH COMPLETE, SCALED PLAT WITHOUT EXPIRATION. SEE 15A NCAC 18A .1937(f) FOR DETAILS)

1. APPLICATION FOR: X Improvement Permit ___Authorization To Construct ___ Existing System Inspection

2. Page 2: *Site Plan Worksheet* Form MUST Accompany This Application
   The following optional attachments may also be submitted: X Survey Plat, Scaled no more than 1 Inch = 60 Feet
   Place check ( ) beside whichever is submitted if applicable ___Custom Site Plan, Scaled no more than 1 Inch = 60 Feet

3. Applicant Information:

Applicant Name	Mailing Address	Home Phone #	Alternate Phone #
Arrow Development, LLC	1519 Mecklenburg Hwy #512, Mt Mourne, NC 28123	817-818-4000	
Owner Name	**Mailing Address**	**Home Phone #**	**Alternate Phone #**
Arrow Development, LLC	1519 Mecklenburg Hwy #512, Mt Mourne, NC 28123	817-818-4000	

4. Property Information:

Street Address	Subdivision Name	Section/Phase and Lot Number
173 Mountain Island Dr	Northlake - Phase 3	Lot 55

Driving Directions: From I-77 exit 42, head towards Troutman on 21, take a Right onto Oswalt Amity Rd, take a Left onto Bethesda Rd, turn Right at House after Northlake Dr.

5. RESIDENTIAL Site Development Information: *(Check or Complete ALL that apply)*

(X) New, Single Family Residence — Maximum Number of Bedrooms 4 — ( ) Crawl Space Foundation?
( ) New, Multi-Family Residence — Maximum Number of Occupants 8 — (X) Concrete Slab Foundation?
( ) Expansion of Existing Septic System — If Expansion, Current Number of Bedrooms ___ — ( ) Basement w/Plumbing?
( ) Repair To Failing Septic System due to ___ — ( ) Basement w/out Plumbing?
( ) Other ___

IF Non-Residential Site Development: Type of Business ___
Square Footage of Building ___
Maximum Number of Employees ___
Maximum Number of Seats ___

6. Proposed Water Supply:

( ) New Well ( ) Existing Well ( ) Community Well (X) City Water Iredell Water Corporation ( ) Other Public Water

7. Desired Septic System Type: *(You may rank in order of preference, if any)* ( ) EXISTING SYSTEM installed ___ *Year*

( ) Alternative (X) Conventional ( ) Innovative ( ) Modified Conventional ( ) Other___

8. Please Answer The Following ( ) Yes (X) No Does the site contain any jurisdictional wetlands?
   To The Best of Your Ability: ( ) Yes (X) No Is any non-domestic sewage (i.e. industry) to be generated?
   ( ) Yes (X) No Is the site subject to approval by any other public agency?

I have read this application and certify that the information provided herein is true, complete, and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed.

9. Signature: ___ ___
Property owner or owner's legal representative signature (SIGNATURE REQUIRED) DATE

IREDELL COUNTY HEALTH DEPARTMENT *ENVIRONMENTAL HEALTH DIVISION*:

SITE PLAN WORKSHEET

SEE THE "SAMPLE SITE PLAN" BELOW. ***INCOMPLETE SITE PLANS WILL BE RETURNED TO YOU FOR COMPLETION AND MAY RESULT IN A DELAY IN THE ISSUANCE OF YOUR SEPTIC SYSTEM PERMIT!!!***

Place an (X) beside each item as you complete the site plan:

__X__ **Property Line measurements are clearly identified...** __X__ **All proposed structures are indicated...**

SHOW: proposed house or business footprint, wells, water lines, patios, pools and decks, and any other item that will occupy space on the site

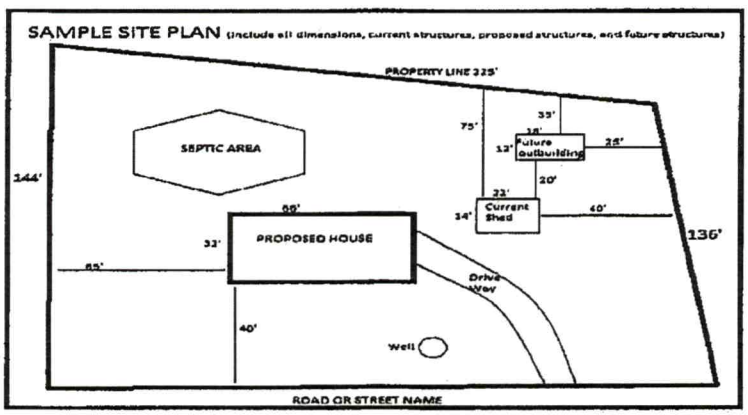
__X__ **Front and side setbacks from property line...** __X__ **Preferred driveway location and configuration, preferred well location...**

__X__ **Area you prefer your septic system to be placed...** __X__ **North arrow, or other sufficient indicator of direction...**

Circle N/A on the following if appropriate:

__N/A__ **Location of septic systems and wells within 100' of your property... N/A**

__N/A__ **Location of easements and rights of ways on your property... N/A** __N/A__ **Location of any designated wetlands on the property... N/A**



USE THIS SPACE TO DRAW YOUR SITE PLAN

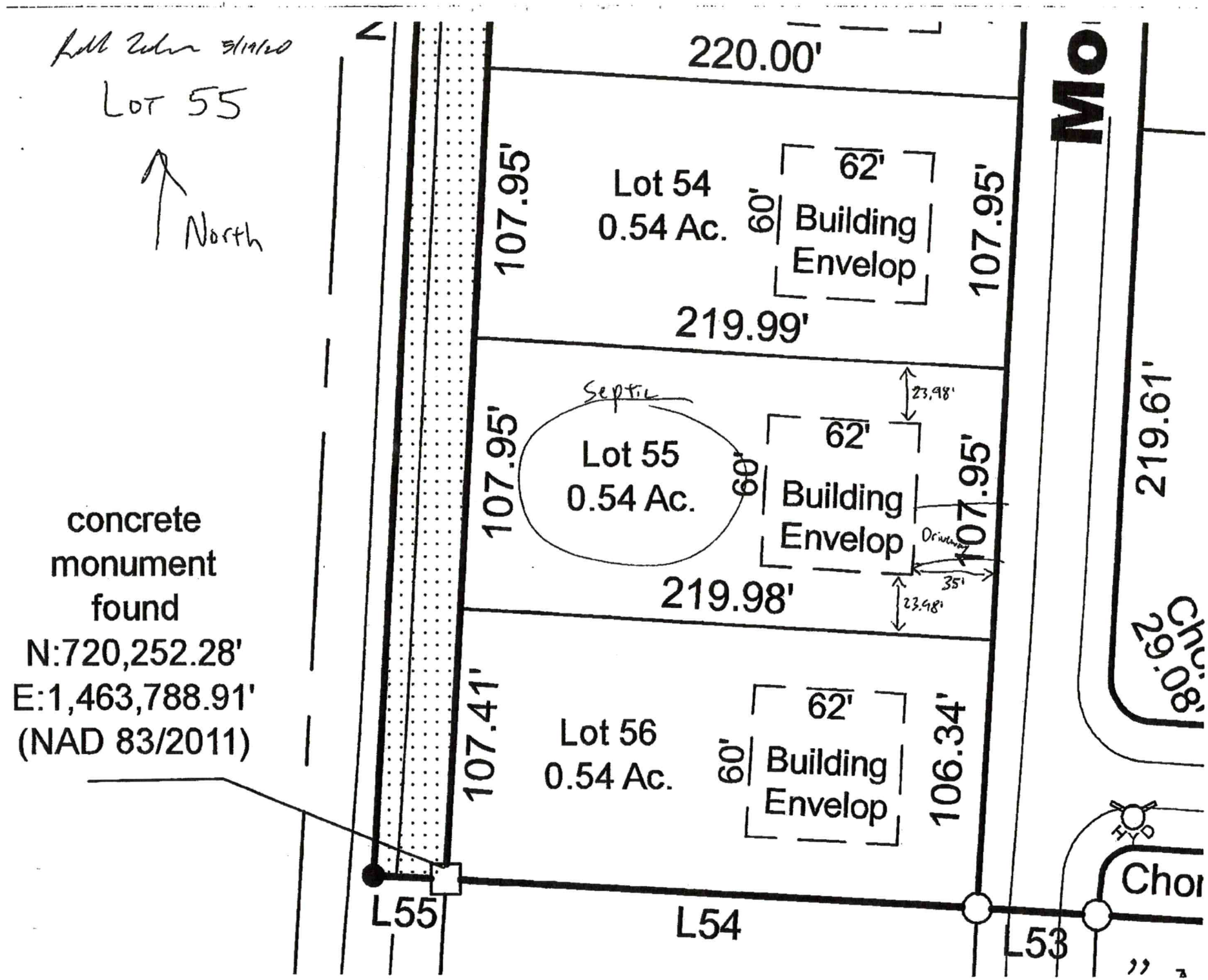
See Attached

Signature: _____

REQUIRED **property owner or owner's legal representative signature.**

5/19/20

DATE


Lot 55
North
220.00'
Lot 54
0.54 Ac.
62'
60'
Building
Envelop
107.95'
107.95'
219.99'
Septic
23.98'
Lot 55
0.54 Ac.
62'
60'
Building
Envelop
Driveway
35'
107.95'
107.95'
219.98'
23.98'
219.61'
concrete
monument
found
N:720,252.28'
E:1,463,788.91'
(NAD 83/2011)
Lot 56
0.54 Ac.
62'
60'
Building
Envelop
107.41'
106.34'
L55
L54
L53
HYD

IREDELL COUNTY DEPARTMENT OF ENVIRONMENTAL HEALTH

DOCUMENTATION TO AUTHORIZE AN OWNER'S LEGAL REPRESENTATIVE

Applications for permits require the "signature of the owner or owner's legal representative" (15A NCAC 18A .1937). If the owner does not sign the application himself or herself, they can submit any one of the following documents to designate their legal representative:

Power of Attorney; Real Estate Contract; Estate executor; Bankruptcy trustee; Court ordered guardianship

In the absence of the above documentation, the property owner may provide the local health department with documentation that designates a legal representative. A property owner may:

Complete this form to document his or her legal representative, or provide his or her own form that contains the information in this form.

If there are multiple property owners, then all property owners must sign the form that designates a legal representative.

By signing a form that designates a legal representative for purposes of 15A NCAC 18A .1937, the property owner authorizes that representative to act on their behalf in matters pertaining to the application and permitting process, including signing or receiving any application, document or permit. The owner retains full responsibility to meet all permit conditions specified by the local health department.

I, Arrow Development LLC c/o Rebecca Fisher, am the legal owner(s) of the property located at Lot 55, (173 Mountain Island Dr), identified as PIN (Parcel Identification Number) Portion of 4762407326.000, located in Iredell County, North Carolina.

I do hereby authorize **(print legal representative/company name)** _____, _____, to act as an agent on my behalf in applying for/signing/obtaining any of the documents described below.

- Application for Improvement Permit (IP) / Authorization to Construct (AC)
- Improvement Permit (IP) / Authorization to Construct (AC)
- Application for soil-site evaluation (new/repair)
- Application/permit for private drinking water well/well abandonment
- Application for Compliance Inspection

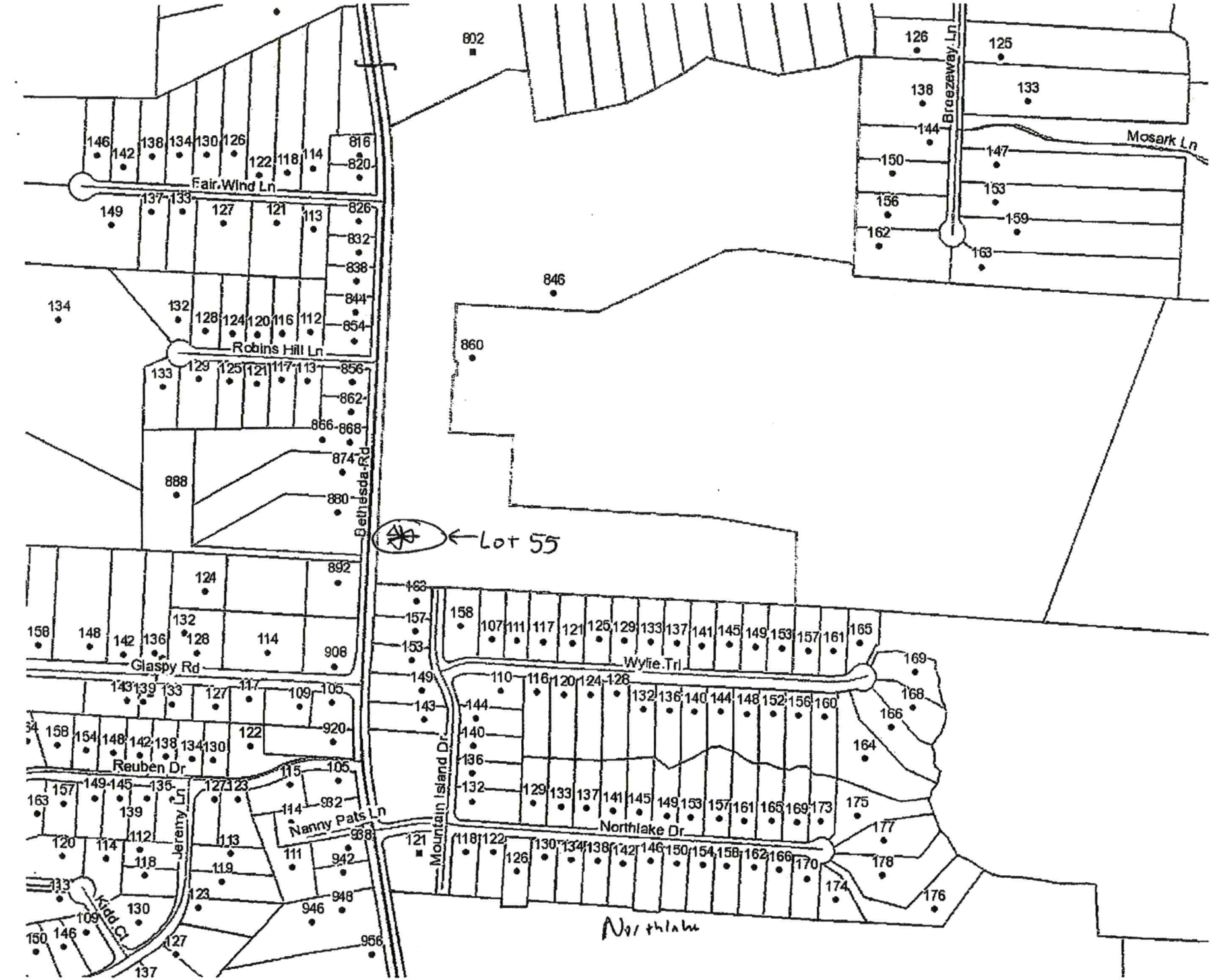
I agree to abide by all decisions and/or conditions between the legal representative acting on my behalf and the Iredell County Department of Public Health, Environmental Health Division.

Signature of Owner(s)	Date	Signature of Witness	Date
[signature]	5/19/20	[signature]	5/19/20

Please return this signed form to the appropriate office:

Mooresville - Environmental Health
ronda.hart@co.iredell.nc.us
Fax: 704-662-3239
610 E. Center Avenue, Mooresville, NC 28115

Statesville - Environmental Health
adrienne.shea@co.iredell.nc.us
Fax: 704-871-3483
349 N. Center Street, Statesville, NC 28677


Fair Wind Ln
Robins Hill Ln
Bethesda Rd
Glaspy Rd
Reuben Dr
Jeremy Ln
Kidd Ct
Nanny Pats Ln
Mountain Island Dr
Wylie Trl
Northlake Dr
Breezeway Ln
Mosark Ln
Lot 55
Northlake

IREDELL COUNTY · NC

IREDELL COUNTY
PO Box 788
349 North Center St.
Statesville, NC 28677

APPLICATION NUMBER
307665 Issue Date:

Permit Type: ZONING

Parcel Number	Street Address	Jurisdiction
4762407325.000	179 Mountain Island Dr.	Iredell County

Owner Information	Applicant Information
Name: ARROW DEV LLC	Name: ARROW DEV LLC
Address:	Address:
,	,
Phone:	Phone:

Use Requested	Zone Code
Single Family Dwelling	RA

Lot Acreage	F Setback	B Setback	L Setback	R Setback	Watershed	Flood Zone
0	35	35	15	15	N/A	NO

Remarks
179 MOUNTAIN ISLAND LOT 54

The applicant certifies that there are no deed restrictions, contractual agreements or governmental regulations of any kind that interfere with or prohibit the use of the property or the use for which this permit is requested. The applicant further acknowledges that enforcement of deed restrictions, plat conditions and other contractual agreements will not be undertaken by Iredell County and is the sole responsibility of the affected parties.

Date: 05/21/2020

Signature of Owner/Contractor

Permit Number	307665	TOTAL FEES:	$77.25